

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

County: Harvey

Location ~~changed to~~:

18-22 S-3 W

NW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Latitude = 38.13678° N, Longitude = 97.700975° W.

verification method: GPS coordinates & quarter calls taken from
KGS WIZARD database.

initials: ORL date: 7/3/2006

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WATER WELL: County: HARVEY	Fraction NW 1/4NW 1/4 SW 1/4	Section Number 18	Township Number 22	Range Number 3W
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Distance and direction from nearest town or city street address of well if located within city?
4 MILES EAST AND 1/2 MILE SOUTH OF BUHLER, KS

2 WATER WELL OWNER: EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2 RR#, St. Address, Box #: 313 SPRUCE City, State, ZIP Code : HALSTEAD, KS 67056	Board of Agriculture, Division of Water Resources Application Number: N/A
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">N W</td> <td style="width:25%; text-align: center;">N E</td> </tr> <tr> <td style="width:25%; text-align: center;">S W</td> <td style="width:25%; text-align: center;">S E</td> </tr> </table> <div style="text-align: center;">S</div>	N W	N E	S W	S E	4 DEPTH OF WELL.....97.5.....ft. WELL'S STATIC WATER LEVEL.....19.9.....ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well EB41B</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes....No X.. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes...X.. No.....</p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well EB41B	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	Blank casing diameter..... 2in. Was casing pulled? Yes..... No X ... If yes, how much..... Casing height XXX above or below land surface..... 36in.
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other.....	Grout Plug Intervals: From 97.5 ft. to 2.5 ft., From.....ft. toft., From..... toft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td>*NONE WITHIN 1500 FEET</td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? How many feet?	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well	*NONE WITHIN 1500 FEET	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	
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FROM	TO	PLUGGING MATERIALS
97.5	2.5	BENTONITE HOLEPLUG
2.5	0	TOPSOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: on (mo/day/year)..... 12/20/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/year) 12/20/94 under the business name of EQUUS BEDS GMD2 by (signature) <i>[Signature]</i>	This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 12/20/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/year) 12/20/94 under the business name of EQUUS BEDS GMD2 by (signature) <i>[Signature]</i>
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.